

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

12-6-02

\* 01-348

Edward P. Henneberry  
 Howery Simon Arnold & White, LLP  
 1299 Pennsylvania Avenue, N.W.  
 Washington, DC 20004

2. Article Number (Copy from service label)

0032 0771 2849

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO. 01-348

RECEIVED &amp; INSPECTED

DEC 11 2002

FCC - MAILROOM

CERTIFIED MAIL

ORDER DATED

12-6-09

FCC 12M-109

MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME:

Edward P. Henneberry  
 Howery Simon Arnold & White, LLP  
 1299 Pennsylvania Avenue, N.W.  
 Washington, DC 20004

C. R. R. NO.

BY .....

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ -37

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$ 4.42

Name (Please Print Clearly) (to be completed by mailer)

EDWARD P. HENNEBERRY

Street, Apt. No. or PO Box No.

1299 PENNSYLVANIA AVENUE, N.W.

City, State, ZIP+4

Washington, DC 20004

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2849